

PLAINTIFF/PETITIONER/MOVANT'S NAME

PRISON NUMBER

Alice Brown

P.O. BOX 436282

PLACE OF CONFINEMENT

SAN YSIDRO, CA
92143

ADDRESS

FILED

2008 AUG -8 PM 4:32

CLERK U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

BY YAKIT DEPUTY

United States District Court
Southern District Of California

Alice Brown,

Plaintiff/Petitioner/Movant

Eric Smith, INDIVIDUALLY
Sharon Chambers, INDIVIDUALLY
Teresa Bryers, INDIVIDUALLY
~~Michael Decker INDIVIDUALLY~~
Defendant/Respondent

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

'08 CV 1454 H AJB

MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS

I, Alice Brown,

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes ☒ No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?

Yes No

Do you receive any payment from the institution?

Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? Yes ☐ No ☒

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

JUNE 1997 / \$50.00 A WEEK FOR CHILD CARE OF
MY SISTER'S TODDLER / BARBARA BROWN / 4030 RUTH DRIVE
WASILLA, AK 99654 (LAST PLACE OF EMPLOYMENT)

3. In the past twelve months have you received any money from any of the following sources?:

a. Business, profession or other self-employment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Rent payments, royalties interest or dividends	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Pensions, annuities or life insurance	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
d. Disability or workers compensation (SSI)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
e. Social Security, disability or other welfare	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
f. Gifts or inheritances	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
g. Spousal or child support	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
h. Any other sources	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

SUPPLEMENTAL SECURITY INCOME (SSI) \$944 MONTH/
MEDI-CAL BENEFITS / MY CHILD RECEIVES \$378 CASH AID
\$88.00 FOODSTAMPS & MEDI-CAL

4. Do you have any checking account(s)? Yes ☒ No ☐

a. Name(s) and address(es) of bank(s): BANK OF AMERICA 2305 ASHLAND ST
ASHLAND, OREGON
b. Present balance in account(s): \$107.00 STEB 97520

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes ☐ No ☒

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? Yes ☒ No ☐

a. Make: MITSUBISHI Year: 1993 Model: GALANT

b. Is it financed? Yes ☒ No ☐

c. If so, what is the amount owed?

THIS CAR IS IN THE PROCESS OF BEING REGISTERED AND
OWNED BY ME AND IS BEING TAKEN OUT OF ITS
"SALVAGED" STATE.

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
 Yes ☐ No ☒

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

Joseph Brown, I AM HIS NATURAL MOTHER.

\$ 200 - \$ 300 MONTH

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable) (MONTHLY DEBTS)
- | | |
|---------------------------------|--|
| \$240 RENT TO HERIBERTO MORA | \$49 TO INFINITY INSURANCE |
| \$40 GAS TO HERIBERTO MORA | \$45 TO MARBLE MOUNTAIN |
| \$20 ELECTRIC TO HERIBERTO MORA | \$40 TO CENTRAL MINI STORAGE IN ALASKA |
| \$5 WATER TO HERIBERTO MORA | \$53 TO CRICKET (PHONE SERVICE) |
10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

NONE

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

8/8/08

Alice Brown

SIGNATURE OF APPLICANT